

NUMBER	DATA ELEMENT NAME	TYPE	NEMSIS Standard Element Definition Note: Please refer to the New Jersey EMS Data Dictionary for complete/ additional definition Information
	Agency General Information		
D01_01	EMS Agency Number	National	The state-assigned provider number of the responding agency
D01_02	EMS Agency Name	State	The formal name of the agency
D01_03	EMS Agency State	National	The state in which the Agency provides services
D01_04	EMS Agency County	National	The county(s) for which the agency formally provides service
D01_05	Primary Type of Service	State	The primary service type provided by the agency
D01_07	Level of Service	National	The highest credentialed personnel's level of service which the agency provides for every EMS encounter if requested. In a tiered response system, this is the highest level of service which could be sent to any specific call.
D01_08	Organizational Type	National	The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)
D01_09	Organization Status	National	The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local terms.
D01_10	Statistical Year	National	The year to which the information pertains
D01_12	Total Service Size Area	National	The total square miles in the agency's service area
D01_13	Total Service Area Population	National	The total population in the agency's service area based on year 2000 census data (if possible).
D01_14	911 Call Volume Per Year	National	The number of 911 EMS calls for the calendar year
D01_15	EMS Dispatch Volume Per Year	National	The number of EMS dispatches for the calendar year
D01_16	EMS Transport Volume Per Year	National	The number of EMS transports for the calendar year
D01_17	EMS Patient Contact Per Year	National	The number of EMS patient contacts for that calendar year
D01_19	EMS Agency Time Zone	National	The time zone for the EMS Agency
D01_21	National Provider Identifier	National	The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing.
	Agency Contact Information		
D02_01	Agency Contact Last Name	State	The Last Name of the agency's primary contact.
D02_03	Agency Contact First Name	State	The First Name of the agency's primary contact.

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D02_04	Agency Contact Address	State	The Agency contact's location or mailing address.
D02_05	Agency Contact City	State	The city of the Agency contact's mailing address.
D02_06	Agency Contact State	State	The state of the Agency contact's mailing address.
D02_07	Agency Contact Zip Code	National	The ZIP code of the Agency contact's mailing address.
D02_08	Agency Contact Phone Number	State	The primary phone number of the Agency contact.
D02_09	Agency Contact Fax Number	State	The primary fax number of the Agency contact.
D02_10	Agency Contact E-Mail Address	State	The primary email address of the Agency contact.
	Agency Medical Director Information		
D03_01	Agency Medical Director Last Name	State	The Last Name of the Agency's Medical Director
D03_03	Agency Medical Director First Name	State	The First Name of the Agency's Medical Director
D03_04	Agency Medical Director Address	State	The street or mailing address of the Agency's medical director
D03_05	Agency Medical Director City	State	The city of the medical director's mailing address.
D03_06	Agency Medical Director State	State	The state of the medical director's mailing address.
D03_07	Agency Medical Director Zip Code	State	The zip code of the medical director's mailing address.
D03_08	Agency Medical Director Phone Number	State	The primary phone number of the Agency's medical director
D03_09	Agency Medical Director Fax Number	State	The primary fax number of the Agency's medical director
D03_11	Agency Medical Director E-Mail Address	State	The primary email address of the Agency's medical director
	Agency Configuration Information		
D04_04	Procedures	State	A list of all procedures that the agency has implemented and available for use.
D04_08	Protocol	State	A list of all of the medical treatment protocols that the agency has in place and available for use. Specific Adult or Pediatric Protocols should be mapped to one of these topics if possible.
D04_12	Hospital Facility Number	State	The state assigned licensure number (code) for each Hospital Served (D04_1 1)

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D04_14	Destination Facility Number	State	The state assigned licensure number (code) for each Other Destination (D04_13)
	Agency Personnel Information		
D07_02	State/Licensure ID Number	State	The state certification/licensure ID number assigned to the crew member
D07_03	Personnel's Employment Status	State	Personnel's Employment Status for this Agency
D07_04	Employment Status Date	State	The date that the employee status (in relation to D07_03) was assigned
D07_05	Personnel's Level of Certification/Licensure for Agency	State	Personnel's role fulfilled for the agency
	General Personnel Information		
D08_01	EMS Personnel's Last Name	State	Last Name of personnel
D08_02	EMS Personnel's Middle Name/Initial	State	Middle initial of personnel
D08_03	EMS Personnel's First Name	State	First name of personnel
	Record Information		
E01_01	Patient Care Report Number	National	The unique number automatically assigned by the EMS agency for each patient care report (PCR). This is a unique number to the EMS agency for all of time.
E01_02	Software Creator	National	The name of the software vendor by whom the data collection software was developed
E01_03	Software Name	National	The name of the software package with which the data was collected by the agency
E01_04	Software Version	National	The version of the software used by the agency to collect the data
	Unit/Agency Information		
E02_01	EMS Agency Number	National	The state-assigned provider number of the responding agency
E02_04	Type of Service Requested	National	The type of service or category of service requested of the EMS service responding for this specific EMS incident.
E02_05	Primary Role of the Unit	National	The primary role of the EMS service which was requested for this specific EMS incident.
E02_06	Type of Dispatch Delay	National	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter

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E02_07	Type of Response Delay	National	The response delays, if any, of the unit associated with the patient encounter
E02_08	Type of Scene Delay	National	The scene delays, if any, of the unit associated with the patient encounter
E02_09	Type of Transport Delay	National	The transport delays, if any, of the unit associated with the patient encounter
E02_10	Type of Turn-Around Delay	National	The turn-around delays, if any, associated with the EMS unit associated with the patient encounter
E02_11	EMS Unit/Vehicle Number	State	The unique physical vehicle number of the responding unit
E02_12	EMS Unit Call Sign (Radio Number)	National	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.
E02_20	Response Mode to Scene	National	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene
	Unit/Call Information		
E03_01	Complaint Reported by Dispatch	National	The complaint dispatch reported to the responding unit.
E03_02	EMD Performed	National	Indication of whether EMD was performed for this EMS event.
	Unit/Personnel Information		
E04_01	Crew Member ID	State	The State Certification/Licensure ID number assigned to the crew member
E04_02	Crew Member Role	State	The role of the crew member during transport of this call.
E04_03	Crew Member Level	State	The functioning level of the crew member during this EMS patient encounter.
	Times		
E05_01	Incident or Onset Date/Time	State	The date/time the injury occurred, or the date/time the symptoms or problem started
E05_02	PSAP Call Date/Time	National	The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS
E05_03	Dispatch Notified Date/Time	State	The date/time dispatch was notified by the 911 call taker (if a separate entity)
E05_04	Unit Notified by Dispatch Date/Time	National	The date the responding unit was notified by dispatch
E05_05	Unit En Route Date/Time	National	The date/time the unit responded; that is, the time the vehicle started moving
E05_06	Unit Arrived on Scene Date/Time	National	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving

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E05_07	Arrived at Patient Date/Time	National	The date/time the responding unit arrived at the patient's side
E05_09	Unit Left Scene Date/Time	National	The date/time the responding unit left the scene (started moving)
E05_10	Patient Arrived at Destination Date/Time	National	The date/time the responding unit arrived with the patient at the destination or transfer point
E05_11	Unit Back in Service Date/Time	National	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)
E05_12	Unit Cancelled Date/Time	State	The date/time if the unit's call was cancelled
E05_13	Unit Back at Home Location, Date/Time	National	The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.
	Patient		
E06_01	Last Name	State	The patient's last (family) name
E06_02	First Name	State	The patient's first (given) name
E06_04	Patient's Home Address	State	The patient's home mailing or street address
E06_05	Patient's Home City	State	The patient's home city or township or residence
E06_07	Patient's Home State	State	The patient's home state, territory, or province, or District of Columbia, where the patient resides
E06_08	Patient's Home Zip Code	National	The patient's home ZIP code of residence
E06_10	Social Security Number	State	The patient's social security number
E06_11	Gender	National	The patient's gender
E06_12	Race	National	The patient's race as defined by the OMB (US Office of Management and Budget)
E06_13	Ethnicity	National	The patient's ethnicity as defined by the OMB (US Office of Management and Budget)
E06_14	Age	National	The patient's age (either calculated from date of birth or best approximation)
E06_15	Age Units	National	The units which the age is documented in (Hours, Days, Months, Years)
E06_16	Date of Birth	State	The patient's date of birth
	Billing		

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E07_01	Primary Method of Payment	National	The primary method of payment or type of insurance associated with this EMS encounter
E07_34	CMS Service Level	National	The CMS service level for this EMS encounter
E07_35	Condition Code Number	National	The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions of these condition codes and their use.
	Scene		
E08_05	Number of Patients at Scene	National	Indicator of how many total patients were at the scene
E08_06	Mass Casualty Incident	National	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)
E08_07	Incident Location Type	National	The kind of location where the incident happened
E08_10	Scene GPS Location	State	The GPS coordinates associated with the Scene.
E08_11	Incident Address	State	The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.
E08_12	Incident City	State	The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)
E08_13	Incident County	State	The county or parish where the patient was found or to which the unit responded (or best approximation)
E08_14	Incident State	State	The state, territory, or province where the patient was found or to which the unit responded (or best approximation)
E08_15	Incident Zip Code	National	The ZIP code of the incident location
	Situation		
E09_01	Prior Aid	National	Any care which was provided to the patient prior to the arrival of this unit.
E09_02	Prior Aid Performed By	National	The type of individual who performed the care prior to the arrival of this unit.
E09_03	Outcome of the Prior Aid	National	What was the outcome or result of the care performed prior to the arrival of the unit?
E09_04	Possible Injury	National	Indicates that the reason for the EMS encounter was related to an injury or traumatic event. This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury
E09_05	Chief Complaint	State	The statement of the problem by the patient or the history provider in one or two words
E09_11	Chief Complaint Anatomic Location	National	The primary anatomic location of the chief complaint as identified by EMS personnel
E09_12	Chief Complaint Organ System	National	The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing.

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E09_13	Primary Symptom	National	The primary sign and symptom present in the patient or observed by EMS personnel
E09_14	Other Associated Symptoms	National	Other symptoms identified by the patient or observed by EMS personnel
E09_15	Providers Primary Impression	National	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).
E09_16	Providers Secondary Impression	National	The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).
	Situation/Trauma		
E10_01	Cause of Injury	National	The category of the reported/suspected external cause of the injury
E10-03	Mechanism of Injury	State	The mechanism of the event which caused the injury
E10_04	Vehicular Injury/ Indicators	State	The kind of risk factor predictors associated with the vehicle involved in the incident
	Situation/CPR		
E11_01	Cardiac Arrest	National	Indication of the presence of a cardiac arrest at any time associated with the EMS event
E11_02	Cardiac Arrest Etiology	National	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
E11_03	Resuscitation Attempted	National	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)
E11_04	Arrest Witnessed By	State	Indication of who the cardiac arrest was witnessed by
E11_05	First Monitored Rhythm of the Patient	State	Documentation of what the first monitored rhythm which was noted
E11_06	Any Return of Spontaneous Circulation	State	Indication whether or not there was any return of spontaneous circulation at any time during the EMS event.
	Medical History		
E12_01	Barriers to Patient Care	National	Indication of whether or not there were any patient specific barriers to serving the patient at the scene
E12_19	Alcohol/Drug Use Indicators	National	Indicators for the potential use of Alcohol or Drugs by the patient.
	Narrative		
E13_01	Run Report Narrative	State	The narrative of the run report.
	Assessment/Vital Signs		

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E14_01	Date/Time Vitals Signs Taken	State	Date/Time Vital Signs Taken
E14_02	Obtained Prior To This EMS Unit's Care	State	Indicates that the information which is documented was obtained prior to the EMS unit's care creating this patient care report
E14_03	Cardiac Rhythm	State	The cardiac rhythm of the patient as interpreted by EMS personnel
E14_04	SBP (Systolic Blood Pressure)	State	The patient's systolic blood pressure
E14_05	DBP (Diastolic Blood Pressure)	State	The patient's diastolic blood pressure
E14_07	Pulse Rate	State	The patient's pulse rate, palpated or auscultated, expressed as a number per minute
E14_09	Pulse Oximetry	State	The patient's oxygen saturation
E14_11	Respiratory Rate	State	The patient's respiratory rate expressed as a number per minute
E14_12	Respiratory Effort	State	The patient's respiratory effort
E14_13	Carbon Dioxide	State	The patient's end-tidal or other CO2 level.
E14_14	Blood Glucose Level	State	The patient's blood glucose level
E14_19	Total Glasgow Coma Scale	State	The patient's total Glasgow Coma Score
E14_22	Level of Responsiveness	State	The patients level of responsiveness
E14_23	Pain Scale	State	The patient's indication of pain from a scale of 0 –10.
	Intervention/Medication		
E18_01	Date/Time Medication Administered	State	The date/time medication administered to the patient
E18_02	Medication Administered Prior To This Unit's EMS Care	State	Indicates that the medication administration which is documented was administered prior to this EMS unit's care.
E18_03	Medication Given	National	The medication given to the patient
E18_04	Medication Administered Route	State	The route that the medication was administered to the patient.
E18_05	Medication Dosage	State	The dose or amount of medication given to the patient
E18_06	Medication Dosage Units	State	The units of medication dosage given to patient

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E18_08	Medication Complication	National	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS
	<i>Intervention/Procedure</i>		
E19_01	Date/Time Procedure Performed	State	The date and time the procedure was performed on the patient
E19_02	Procedure Performed Prior To This Unit's EMS Care	State	Indicates that the procedure which was performed and documented was performed prior to this EMS unit's care.
E19_03	Procedure	National	The procedure performed on the patient.
E19_05	Number of Procedure Attempts	National	The number of attempts taken to complete a procedure or intervention regardless of success
E19_06	Procedure Successful	National	Indication of whether or not the procedure performed on the patient was successful
E19_07	Procedure Complication	National	Any complication associated with the performance of the procedure on the patient
E19_08	Response to Procedure	State	The patient's response to the procedure
E19_13	Tube Confirmation	State	Endotracheal Tube placement verification at the time the airway procedure was done
E19_14	Confirmation of Tube Placement Upon Transfer of Care	State	Endotracheal Tube location verification on the arrival at the Destination (if applicable)
	<i>Disposition</i>		
E20_01	Destination/Transferred To, Name	State	The destination the patient was delivered or transferred to
E20_02	Destination/Transferred To, Code	State	The code of the destination the patient was delivered or transferred to, if present and available
E20_07	Destination Zip Code	National	The destination zip code in which the patient was delivered or transferred to
E20_10	Incident/Patient Disposition	National	Type of disposition treatment and/or transport of the patient
E20_14	Transport Mode From Scene	National	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene
E20_15	Condition of Patient at Destination	State	The condition of the patient after care by EMS
E20_16	Reason for Choosing Destination	National	The reason the unit chose to deliver or transfer the patient to the destination
E20_17	Type of Destination	National	The type of destination the patient was delivered or transferred to
	<i>Outcome and Linkage</i>		

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E22_01	Emergency Department Disposition	National	The known disposition of the patient from the Emergency Department (ED)
E22_02	Hospital Disposition	National	Indication of how the patient was dispositioned from the hospital, if admitted.
	Miscellaneous		
E23_10	Who Generated This Report?	State	The statewide assigned ID number of the EMS crew member which completed this patient care report
E23_11	Research Survey Field Title	State	A customizable field to be used by local agencies for additional documentation or research.